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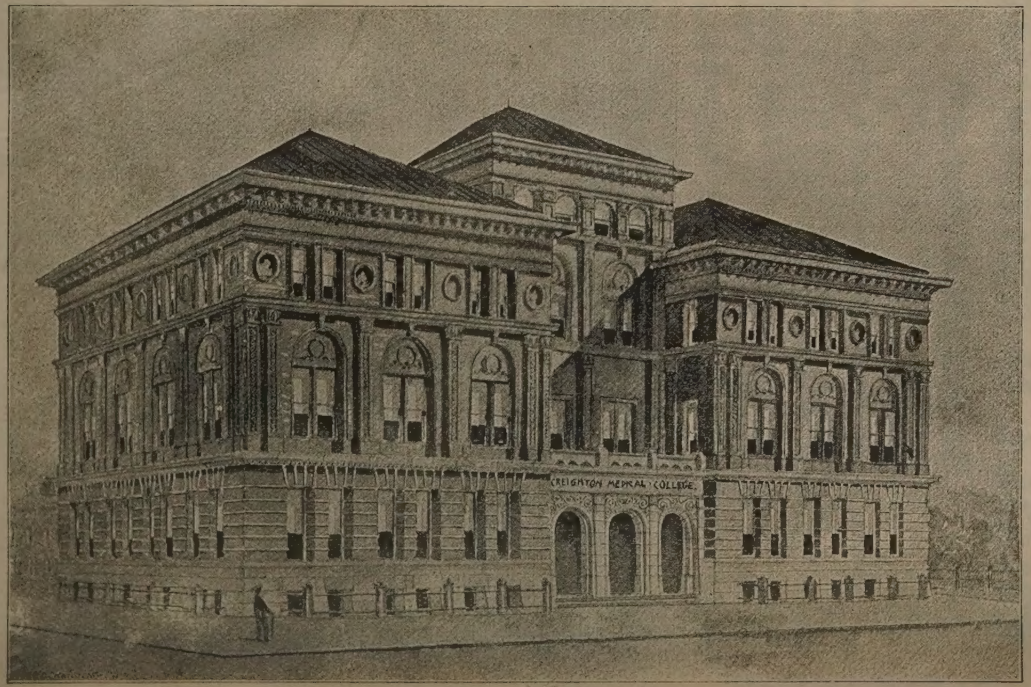

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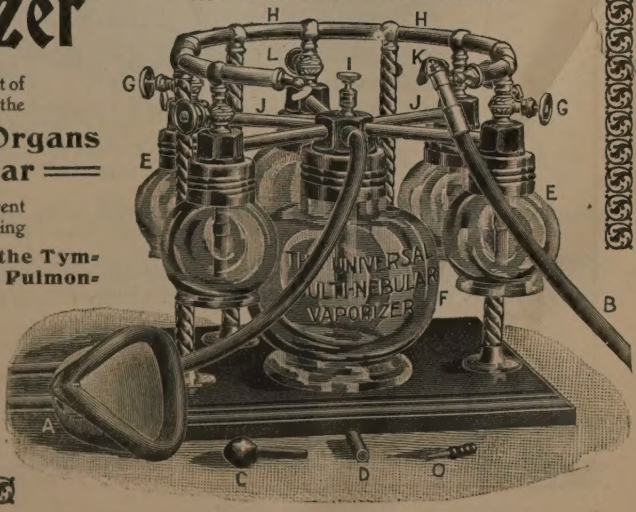

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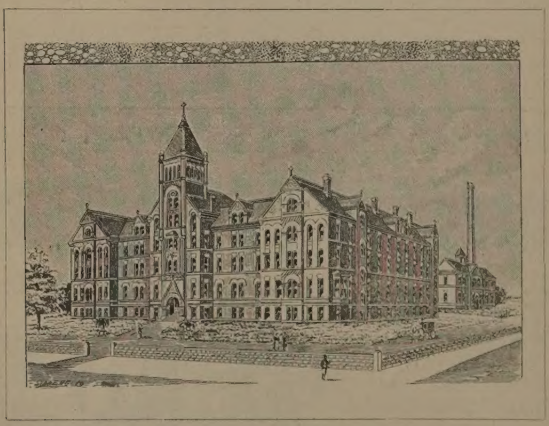

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THE MYSTIC ORDER OF DISCIPLES ÆSCULAPIUS.

A Fraternal and Social Order for Members of the Medical Profession.

By Frank Crampton Hoyt, M. D., Clarinda, Iowa.

THAT the votaries of a science and the practitioners of an art of such antiquity as that of medicine should be interested in its history, is eminently proper. That the members of a profession which originated in those epochs now submerged in the shoreless ocean of time, should bear toward each other a fraternal sentiment, is as natural as it is commendable.

Yet who can gainsay the statement that for several centuries past, this sentiment of fraternity has been blunted and almost annihilated by the entrance of the commercial spirit into the practice of our profession.

The rivalry, which by the very nature of our calling should have existed only as a healthful stimulus to greater efforts looking toward the attainment of knowledge and skill, has been prostituted to an unbecoming struggle for money and for fame. That this should have strained, if not actually severed, the fraternal ties which have for ages past united physicians into one grand brotherhood, is not to be wondered at however much it may be deplored. How much we should prize the fact that the history of medicine, in all centuries, among every people, presents to our gaze the immortal gods as the authors of medical art. Infinitely more should we prize the fact that it teaches us how mortal men, the fathers of medicine, have struggled constantly after god-like aims, the prevention, cure, or at least the alleviation, of the pain and suffering imposed upon poor humanity, by unavoidable heritage.

With the hope that the study of the traditions of medicine, a review of the lives and practices of those physicians who have served our science and humanity, by devoting talents, strength, and even life itself, to the sick, the feeble, the persecuted, poor and insane, might awaken the dormant spirit of brotherhood, this Order has been founded.

The Mystic Order of Disciples of Æsculapius, by virtue of the fact that it is founded upon the pure and beautiful traditions of our science, must eventually prove a powerful incentive to the study of the history of medicine. This study of history, together with the exemplification in the secret work of the most striking events in the early days of medicine, places this secret order, as a golden link in the chain of development of past and future medicine. It frees the mind from the fetters and currents of the day, with its oppressive restraint, widens the horizon for a glance into the dim past and an insight into the present, deepens the view for a complete comprehension of the ideas which guided the earlier practitioners of our art, and above all, gives our daily professional labor a higher consecration to the noble battle which we are waging against disease and death.

The lessons taught by this Order and the study of the history of our art, which is the ground work and an integral part of the Order, leads the member to a higher plane of thought; brings forcibly to mind our dependence on that Supreme Power, whose laws and purposes are yet unfathomed, but without whose guidance mortal man is but as a ship adrift in the broad expanse of the ocean.

It teaches that in Him alone is founded the complete knowledge of the secrets of birth, and life, and death, and that the deserved punishment is the inevitable result of unrestrained passions and atrocious actions. It teaches further the wickedness and futility of blind ambition, that would transgress those bounds which the Creator has prescribed to human knowledge, and by aiming at knowledge reserved for immortality, acquire that pride which perceives not that the condition appointed to humankind is humble. It gives a more ideal direction to our conception of our profession, by showing that its duties and its rewards are not to be found exclusively in our daily labor or meager pay, and by pointing out the fact that only in struggles and labors directed to the intellectual advancement of humanity, lie the fertile germs of futurity and the improvement of mankind.

The several degrees of the Mystic Order of the Disciples of Æsculapius, treating as they do of the various epochs of development, may be likened to an immense picture, whose atmosphere, tinted by an unmeasured distance, displays only a few clear clouds

in somewhat indefinite outline, while the background exhibits in perspective, lofty temples of the Apollonic period, about whose gates wander priests in royal robes, to guard them from the entrance of the unworthy and to welcome and receive the sufferer in body or in mind.

On the other hand appear mighty crags and groups of lofty trees, whose highly colored foliage is penetrated by the powerful rays of the noonday sun, while the foreground greets us in undimmed brilliancy and instinct with life and action. To the distant sky with its cloudy forms we may liken the mythical era of medicine with its gods of healing. To the background, the priestly era with its priest-physicians and its work hallowed by faith. The middle ground may be likened to the union of terrestrial and celestial philosophy with medicine, and finally, in the clear and well defined foreground, we find the emblem of the scientific period of modern medicine with its advanced beliefs and practical principles. The Order then brings us to the present day, with its unwholesome taint of the spirit and methods of trade, and by its obligations and fraternal bonds, attempts to bring closer together the members of our profession, making them in truth, as well as in name, Disciples of Æsculapius.

It reminds us that our duty to our fellow man is too sacred to be measured only by hope of reward, and that it begins with the moment of conception and ends with the hour and minute of death. It teaches us that the physician who becomes the guardian and custodian of numerous human bodies and minds, the likeness of God himself, bearing within them the sacred essence of divinity, the soul, should be honorable, pure and learned, and recognize to the fullest extent that his profession when no longer able to supply the technical aid which may be expected of it, has a right to claim a still higher significance, the duty of being in truth and in deed a humane and noble vocation.

THE MEMBERS AND THEIR QUALIFICATIONS.

The qualifications for membership in the Mystic Order of Disciples of Æsculapius are at once simple and difficult to acquire. As the work of the Order requires a certain knowledge of the traditions of medicine and the fundamental principles upon which the

practice of our art is founded, the candidate must be a well informed physician. As there was originally and must be finally but one school of medicine, and that the regular school which knows no dogmas, is bound by no artificial theories, but searches throughout the vast storehouse of nature, investigating along the broad realms of science, accepting and adapting to its uses all that is potent in relieving suffering mankind, so it is logical that no one unless he be a practitioner of the regular school can be a true and worthy Disciple of Æsculapius.

The requirements are on the other hand, simple, because they demand of the candidate a belief in an Omnipotent God, the Ruler of the Universe, under whose direction, alone, man can give aid to and prolong the life of his fellow man. The great moral precepts of the Order, the consecration of the physician to God, Science and Humanity, are such as must be understood and felt by every physician, else he is unworthy the name of man or physician.

THE MYSTIC WORK.

From the time of Apollo, Coronis, and Æsculapius, there have existed in the art of medicine certain secrets which have been deemed improper to impart to the general public; certain methods and arts, though potent for good in the hands of the educated and honorable physician, become dangerous weapons in the hands of ignorant, dishonorable and unscrupulous persons. These it becomes the duty of the true Disciple of Æsculapius to guard sacredly from the ruthless touch of criminal hands. Furthermore, no fraternal society can be eminently successful without it has pertaining to it some special knowledge or benefits which bind the members together by fraternal bonds and obligations, around which is thrown the protecting veil of secrecy. Should these relations and obligations be made public, their beauty and attractiveness would be seriously marred.

The secret work with its signs or grips makes it possible to at all times, and in all places, recognize the worthy brother, or the impostor. The distinguishing badge presented to, and worn by all members, is modest, yet attractive, and is at once the badge of an honorable man, and of a regular physician in good standing in his professional relations.

THE OBLIGATIONS.

The solemn and impressive obligations which must be taken at every stage of progress in the Order are not at all in the nature of objectionable oaths. The candidate for the exalted degree of Disciple of Æsculapius makes certain pledges on his honor as a man, and his reputation as a physician and member of the Order, forfeiting, if he violates his pledge, the respect of all his brothers, and thereby degrading his manhood before God and man. No pledges or obligations are exacted which are inconsistent with the candidate's duty to his God, his country, or his fellow man, but to the contrary, the performance of these noble duties is made obligatory.

THE BENEFITS.

Through the precepts of the Order, and by the spirit of fraternity, it is made imperative, that so far as is consistent with the ability of the members, the urgent needs of distressed brothers are to be met. The needy brother, or those dependent upon him, is to be regarded as deserving of such material assistance as may be in our power to give, and the burial of our dead, a sacred duty which must be performed with Christian grace.

THE DEGREES.

In the mystic work which leads to the attainment of the honorable title, "Disciple of Æsculapius," there are two degrees. In the first degree the matriculate is taught by symbols and emblems something of the traditional origin of the profession, and more particularly the origin of the Mystic Order Disciples of Æsculapius. The duties of the physician to his fellow man and brother "Disciple" are clearly set forth, and by the beautiful secret work impressed indelibly upon the tablets of memory.

In this degree the candidate becomes again a student of the arts of medicine, and an earnest searcher after knowledge. He is brought face to face with the fact that even though he be possessed of a certain degree of knowledge as estimated by worldly standards, yet, as compared with the vast knowledge to be attained, and with the infinite wisdom of the Great Physician, it is but as a grain of sand to the immeasurable shores of time.

He is taught the inestimable value of time, and the unhappy consequences of its ruthless waste. He is made more appreciative of the beautiful graces, faith and hope, without which man is lower than the beasts of the field, and as hopeless as a ship adrift in mid-ocean. He is given an insight into the nature and character of this fraternity and its obligations, and is given an opportunity to withdraw should they not meet with his full assent. If he then elect to continue, he is led step by step through the mysterious passages of the Asclepion, and receives, as he progresses, such instructions, both didactic and clinical, as will best fit him to properly emerge from the traditional and sacred "green room" as an accepted candidate for the completion of the work, and the reception of the title of "Disciple of Æsculapius," conferred in the second degree.

THE SECOND, OR DISCIPLE'S DEGREE.

In the work of conferring this degree the acme of allegory and tradition is reached, and the precepts of the gods of medicine, the masters of our art, and the divine teachings of our Creator are so exemplified that the candidate passes out from the Asclepion charged with nobler and holier responsibilities as a man and physician than are attainable by one uninitiated into the beautiful mysteries of this Order. As a man and physician he is better fitted than ever before for the noble, Christ-like calling for which he has been prepared. He is held by sacred obligations to a complete performance of all that goes to make up an honorable man, and a competent and skillful physician.

ILLUSTRIOUS ASCLEPIAD.

This degree is conferred only by the Illustrious and Supreme Asclepion of the World, and is attained by those Disciples of Æsculapius who have exhibited such a degree of knowledge and proficiency in the work of the preceding degrees, as to fit them to perform the important duties required of them.

PRIEST OF ÆSCULAPIUS.

This is the highest degree which can be conferred upon a member of this Order. It is not granted on petition, but is conferred on Illustrious Asclepiadæ for distinguished merit alone.

It can be conferred by none other than the Ancient and Venerable High Priest, and only at such time and place as he may direct.

GENERAL INFORMATION.

The principal organization of the order, "The Supreme and Illustrious Asclepion of the World, Mystic Order Disciples of Æsculapius," is located in Chicago, Illinois. All information concerning the order may be obtained by addressing the Supreme and Illustrious High Priest at Chicago, or by addressing Dr. Frank C. Hoyt, Clarinda, Iowa. It is not intended that local asclepia, or lodges, be maintained in the smaller towns, but rather that each medical society shall have co-ordinate with it an Asclepion of this Order. The symbolic work will be done in the evenings and will give an interest and zest to the meetings which will give a pleasant relief from the strictly scientific work. All disturbing questions of ethics and discipline are eliminated from the Asclepion, and its meetings will be devoted to symbolic work, scientific discussion, and social intercourse. The qualifications for membership are briefly as follows: Section 16 of By-laws—"The candidate for initiation into the Mystic Order Disciples of Æsculapius must not be less than twenty-one years of age, of good standing as a citizen and physician. He or she must profess a belief in an Omnipotent God, and in the immortality of the soul. He must hold a diploma conferring upon him the degree of doctor of medicine, granted to him by a regular college of medicine in good standing. The standing of colleges, and the recognition of diplomas to be determined by the Supreme and Illustrious Asclepion of the World. The candidate must have resided in the jurisdiction of the Asclepion in which he desires to become a fellow, for a period of not less than ninety days."

Members of the Order will receive when made a Disciple of Æsculapius, a distinguishing badge, a diploma, and a passport. The former will serve as a means of identification, that one member of the Order may recognize another, and will also bear witness that the wearer is a reputable physician in good standing.

The passport, when presented at the door of any Asclepion in the world, will secure admission and a cordial welcome.

Full information regarding applications for membership, charters, etc., will be furnished on application to Dr. Frank C. Hoyt, S. I. P. H., Clarinda, Iowa.

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By F. E. V. Shore, M. D., Des Moines, Iowa,
Eye and Ear Surgeon, C., R. I. & P. Railroad.

THE frequent occurrence of railroad accidents clearly traceable to impaired vision, color blindness, and defective hearing, has thoroughly aroused the officials of many of the leading railroads of Europe and America to a just appreciation of the needs of a careful and thorough examination by competent persons. Unfortunately, many persist in ignoring the necessity for such a routine practice, while others delegate this important work to those laying no claim to scientific knowledge or accuracy. One would suppose the traveling public would be very exacting in this particular, but such, apparently, is not the case, if we are to accept as an evidence of their concern the legislation adopted. In America, Alabama alone has passed satisfactory laws, while Ohio and Massachusetts endeavored to exhibit an interest in the tests by passing laws which were inoperable. Sweden, Holland and Germany regulate the examinations, while England, France and Italy permit the roads to adopt such measures as will best protect their interests. The majority of the roads of these countries have adopted suitable tests. It is gratifying to know that many of the leading roads in America require examinations — and by competent persons. An examination properly performed consists in vastly more than the matching of a few colors, the reading of a few lines on a test card, and the testing of the hearing by watch and voice. A rejection under such circumstances would surely work a great hardship on many applicants and the company lose valuable men, or a condition of vital importance overlooked and an incompetent person retained. To enter upon a careful study of these cases it will be necessary to consider each separately, but I shall endeavor to confine myself principally to

Read before the Iowa Railway Surgeons' Association.

the practical part of the tests. Under color blindness I shall consider only that of congenital origin, that which is not due to disease, but the result of some imperfection in the color sense; while the acquired form, being the result of a diseased condition, will be considered with the vision test.

Our first knowledge of color blindness began in 1777 with that of a shoemaker, who, besides being unable to detect colors, failed to distinguish cherries on a tree from the leaves. However, it remained for Dalton, a few years later, to study the color sense by means of the spectrum — he being red blind. He found the color series from red to green appeared to him monochromatic and like yellow, while the other half appeared blue. The practical application of these discoveries remained for George Wilson, but his contributions failed to receive their proper attention; and it was not until Holmgren published his work in 1877, describing the condition, its detection by skeins of wool, and the dangers to life arising from the employment of the color blind, that they received just consideration. For a proper understanding of this defect it will be necessary to consider two theories as to the cause of color perception, either of which explains it quite satisfactorily.

That of Helmholtz assumes the existence of three kinds of nerve fibres supplied with different end organs, corresponding to the fundamental colors, red, green and violet. Each end organ is supposed to be supplied with a photo-chemical substance, which on exposure to red, green or violet rays becomes decomposed and the corresponding end organ stimulated. Partial color blindness would then consist in the deficiency in the sensation for one of the primary colors, so the color sensation of the person affected would be the union of the other two fundamental colors.

The other theory is that of Hering, which assumes the existence in the retina of three visual substances — a whitish-black, a red-green and a yellow-blue, each of which is affected differently — the red producing a change of dissimilation in the red-green, giving rise to the sensation of red; while the green produces a change of assimilation, giving rise to the sensation of green. In the white and black the white is the dissimilation. White and black would be considered color sensations, and not the combined effect of all colors or the absence of light.

In the color blind we distinguish three classes of persons — the total, the partial, and the one whose color sense is reduced. The spectrum appears to the total color blind in different shades of gray, with the maximum brightness in yellow or green, but these cases are so rare as to require only a passing notice. The partially color blind are the persons we are principally concerned with. The spectrum appears to them dichromatic, with a neutral band of white or gray.

Three classes are usually considered, but for practical purposes we will consider only the green and red forms. The green blind confounds green and brown with red, while the spectrum is shortened at either end, and contains only two colors, separated by a neutral band. The green blind recognizes blue, but if given a purple to match will select bluish-green or gray. The purple excites two color sensations, red and blue, or in his eye all the sensations which make up gray. According to the Helmholtz theory, green and gray affect him the same as red, and it is reasoned that bluish-green must appear as blue plus red, which equals a purple or gray. Some of the most frequent confusions are brown with dark-green, red with green, red with orange, red with yellow, red-yellow with green-yellow, bluish-green with purple.

Red blindness is characterized by three important points — the beginning of the spectrum, the band of greatest brightness, and the neutral zone between the yellow and the blue are transferred farther towards the blue. The red blind confounds the light red colors with dark-green. His spectrum consists also of yellow and blue, but his yellow does not begin in the red but in the orange.

For the detection of color blindness there is a great variety of methods adopted, but the wool test of Holmgren is the most suitable. One serious objection to the wools is their rapid deterioration, and as a consequence the standard colors are liable to change. However, the test card of Holmgren will obviate this difficulty somewhat, but it must not be forgotten that the test card is solely for the use of the examiner.

The three colors which are considered standard are :

(1) Light green which can be matched with the green in the spectrum when 40 per cent of white is added.

(2) Pink which is diluted with 40 per cent white.

(3) Red which corresponds with a red of the spectrum diluted with 18 per cent white.

Proceeding with the examination we first ascertain whether applicant is color blind, while our second test will determine the nature of the color blindness. The green test skein is presented and the applicant required to select all the green from a pile containing the shades of the same with the various shades of the confusion colors — grays, drabs, yellows, oranges, rose and salmon. Should he select some of the confusion colors he must be considered color blind and we proceed to determine its nature. If he should reject some or show a tendency to select the confusion colors he must be considered as having a feeble color sense and should be examined with the second test.

A rose skein is now presented and the applicant required to select skeins of the same shade from a pile containing shades of rose, together with shades of the confusion colors, blue and violet (six and seven of test card) or light and deep shades of green and gray.

A person who is proven blind in the first test and who selects only purple, *i. e.*, rose skeins, in the second test, is incompletely color blind.

If he selects, with the rose, blue or violet, he is completely red blind.

If he selects, with the rose, only green and gray, he is completely green blind.

The red blind never selects the colors selected by the green blind and vice versa. Many green blind select besides gray or green a bright blue, but it does not follow that he is red blind also, as it is not one of the characteristics of the defects — the characteristic of the defect being the confusion of gray or green or both with rose. This suffices to determine the presence or absence of color blindnes and its nature, but as a confirmatory test the third or red skein test is used. The red blind chooses besides the red, shades of green and brown (ten and eleven), which to the normal sense appear darker than red ; while the green blind selects shades of these colors which appear lighter than red (twelve and thirteen). As a matter of record it is quite essential that the numbers of the test card be used.

Examinations thus far have been demonstrated that about 3.5 per cent of all railroad employes are color blind, and as there are over eight hundred thousand railroad men employed in the United States we have the enormous number of thirty thousand color blind, and it at once becomes apparent how vitally important these examinations are. Of course, these men are not all employed in positions where a failure to detect colors might prove disastrous, nevertheless, the statistics demonstrate the importance of the work.

The usual test by means of Snellen's cards, placed at a distance of twenty feet, furnishes us with very incomplete data. The applicant may have retinitis pigmentosa, the result of syphilis or unknown causes, or he may have a faint opacity of the corneæ, and yet pass a fairly satisfactory examination. Such a person might and doubtless would have his vision markedly reduced in darkness or twilight and as a consequence be unable to properly perform his work. Various affections of the optic nerve, retina or choroid — the result of syphilis, tobacco, liquor, or other causes—may produce partial blindness, either for colors or objects. The detection of these conditions requires a careful and thorough examination, which must include the testing of the field of vision by the perimeter.

Although good hearing is quite essential to the railroad man, it has not been considered necessary to demand the same exactness as for vision and colors. This is probably due, in a measure, to the inability on the part of examiners to place absolute reliability on the tests employed. It is generally considered that the speech test is more reliable than that of the watch, but for diagnostic purposes the watch test has proven much more reliable with me. Many persons whose external auditory canals are filled with cerumen can detect the whisper at twenty feet, while contact will be required to detect the tick of the watch. Simple as the occlusion of this external auditory canal may seem to be, the subject of such occlusion is illy prepared to pursue his avocation as a railroad employee until the same is removed. Even after its removal occasional examinations should be made to determine whether it has returned. Having ascertained that a defect of hearing exists it will be necessary to determine its nature, if a

correct opinion as to the applicant's usefulness is to be given. This may seem needless, but it is quite apparent that one having an affection of the auditory nerve will require a different classification and a more careful observation in future that one having otitis media. For differentiation the tuning fork probably occupies the foremost place, but we should use only the large ones, of low pitch, and provided with movable clamps. The tuning fork having been set in vibration, the handle is applied to the teeth or forehead, when if it is heard with greater distinctness in the affected ear we conclude it is one of middle-ear deafness, and not due to disease of auditory nerve or labyrinth.

Another test is that of Rinne's, which is based on the fact that a normal ear will detect vibrations in front of the auricle, after they have ceased to be heard when applied to the teeth, forehead, or mastoid. If it is heard longer from bone contact than aerial we conclude the case is one of middle-ear affection, provided we exclude the presence of inspissated cerumen in the external canal.

These tests will enable the examiner to arrive at a reasonably positive conclusion as to the nature of the affection.

THE TENDENCY TOWARD COMMERCIALISM.

By J. H. Green, M. D., Waterloo, Iowa.

THE Danish language has a proverb, "Follow the customs or fly the country." In accordance with our usage I will endeavor to provide you with an address, although I confess the custom in my own case might well be "more honored in the breach than in the observance."

To address you on a scientific subject would scarcely seem apropos with such a program as has been provided, and to mark the year's progress in any department is a herculean task, so rapidly do many busy minds work out new, or modify old problems, and unfortunately not always for the betterment of our art.

Read at Independence, before the Cedar Valley Medical Society, October 12, 1897.

The *pros* and *cons* of serum therapy, the advantages and detriments of the X-rays, the beneficence and malevolence of germs, and myriads of other questions, follow so quickly that only specialists are competent to effect a résumé and often their announcements are rendered negative by newer observations before the ink dries upon the manuscript.

I intend to moralize in a desultory manner upon the present reigning commercialism, the economic problems confronting us, and their influence upon our profession. The present age, as it appears to me, while one of progress, is one wherein practical selfishness rules in most lines of thought and commerce. In how far this is the result of materialistic philosophy — a belief that all life is an eternal warfare, and that it is but a question of the survival of the fittest — is an interesting question, but with which we have nothing to do.

The principal aim in life seems to be the getting of wealth, rather than happiness, often at the expense of integrity. In the commercial world if a man attain success in a certain manufacture, a host of imitators start up to cheapen it until it is often cheapened beyond utility.

In the legal sphere there is much law and but comparatively little justice, while in medicine quackery runs rampant. In the large combinations of capital the individual stockholders may be considered honest, but the morals of the corporation are often as shady as the legal responsibility is elusive.

Legislators are bought as openly as is consistent with avoidance of prosecution. Laws are openly defied, or under legal manipulation justice is delayed or tired out, and courts are prostituted for private gain. In fact so greedy, dishonest and unlawful are many of these trusts and syndicates that many see between them and the common people a future conflict as irrepressible as that which confronted us less than half a century ago. While they can be agents for good, desolation often follows in their pathway. Let him who walked State street and Wabash avenue in Chicago a few years ago contrast their present condition. In place of beautiful shops and stores there are now unkept tenements, the home for the most part of negro and foreign population. This change is but an evident example of what is now silently but

surely going on in all lines of commerce, and invading the professions. The crushing out of small tradesmen, the combination and consequent closing up of mills and factories, throwing thousands out of employment, is complacently regarded as the inevitable result of an advanced civilization, while the evident action of the courts and legislatures in their favor makes prominent lawyers and statesmen fear for the result. That new economic principles are arising and new interpretations of law are being made to fit the new conditions, the events of a few months make manifest.

Can we see the result in our profession? Are we also becoming tradesmen in the place of a profession? As we grow older the tendency is for one to grow pessimistic and I fear that to many of you my ideas may savor more of degeneration than of accurate observation; but I see many things in our regular profession that indicate to my mind the reigning spirit of commercialism. The increasing host of medical colleges and their valuation as money getters. The so-called charitable institutions, which pauperize the growing profession and whose evident function is to monopolize illness and accident to feed college clinics for the furtherance of private ends. The number of men high in the profession who will counsel with quacks or give them certificates of character to state boards evidently for their consultation practice in return; the increasing number of young graduates who go into the advertising or quack medical institute business avowedly for money, so that scarcely a quack institution exists without graduates as partners; and the decadence of the doctor of the old school as portrayed by Ian Maclaren, are perhaps too much emphasized, but are to my mind the reflex of modern life and thought.

Since this was penned an editorial in the *Medical Record* of September 25th confirms in a striking manner what I am endeavoring to emphasize. Speaking of medicine and pharmacy, it says, "Both sciences are threatened by the monopolistic tendencies of wholesale prescribers and wholesale manufacturers. What the hospital and dispensary abuse is to medical practice such is the pharmaceutical plant with large capital and advertising push to the ordinary dispensing pharmacist." The closing sentence is suggestive—"Thus it appears that both professions are degenerating

into the merest trades and are forced to deplore the lamentable existence of a cut-throat competition."

Since this was typewritten, and supposedly concluded, an article in the *Pharmacologist*, published by Frederick Stearns, the manufacturing pharmacist, meets my eye. It is so confirmatory that I can not forbear quoting therefrom. The editor, F. E. Stewart, M. D., Ph. G., says of the situation as viewed from the standpoint of the pharmacist: "Both physicians and pharmacists are feeling the effect of centralization as well as those engaged in other vocations of life. To be sure it is throwing a great many people out of employment, for the few co-operating are able to supply a greater demand and higher class of service than the many working as individnals. The time will probably come when matters will be rectified and more people employed working shorter hours and receiving their share of the profits of co-operative concerns. If that is to be the final outcome centralization will prove beneficent in the long run."

Quoting from the *Journal of the American Medical Association*, it says: "The doctor as a private citizen working for himself will more and more find his position disappearing. There will be general practitioners in out-of-the-way places, as there are now. But the great mass of town physicians may be obliged to adapt themselves to other conditions, and either become salaried employes of the state and private institutions or form mutual and co-operative hospitals and dispensaries, thereby employing themselves." And finally: "Science demands the truth, the whole truth, and nothing but the truth. A statement to be scientific should recognize the unfavorable as well as the favorable side. Advertisements are usually written only to sell goods and, therefore, omit to say anything of the unfavorable side. To recognize that there is any unfavorable side is considered suicidal from a business point of view." I would not minimize the efforts put forth to remedy some of the evils resulting from commercialism; the association of medical colleges and the raising of the standard of requirements; the crusade begun, notably in New York and St. Louis, against abuse of medical charities, no matter by whom controlled, and state laws against quackery. But these are emergency remedies against a disease that is sapping the very vitals of the legislative,

judicial and executive government to-day, and is more and more invading the ranks of our profession.

If it is a fact that the small tradesmen, the agriculturist and the laborer are more and more handicapped in their efforts to secure a competence or a comfortable living, it is a matter which must eventually severely affect the revenue of the profession. Personally, I have been struck with the number of commercial men representing good houses who positively assert that wages are too high, and that our laboring and agricultural population must learn stricter economy and to live like their foreign brethren.

If this be true, the time is not far off when the doctor will receive smaller fees and scantier living, for it is from the classes most affected by this centralization of capital that the doctor earns his support. The well-to-do can often in these days of sanitary science and preventive medicine escape many ills, but poverty and want breed disease and, like a two-edged sword, lessen the ability to pay the doctor bill. Already in the centers of population we have society insurance with fees as low as twenty-five cents for doctor's visits.

You ask me how can these things be remedied? I answer, never until a new social system is evolved, and you would deem me a citizen of Utopia should I state my beliefs. However, something can be accomplished by united effort in proper directions. Tell the existing truth to all young men desiring to read medicine. I have never had a student of medicine in my office who commenced reading there. I have discouraged many from commencing. Second, we ought to combine, as we have shown we can combine in Iowa, and use all honorable measures against public charitable or teaching institutions treating other than the indigent poor, or forming any monopoly of illness or accident that tends to pauperize the younger and struggling physician. Finally, as a profession affected more directly than any other by the reduction of wages and the throwing out of employment of laboring men, we ought to study economic questions. Not as partisans or as a question of politics, but as involving the future welfare of our profession and the possible reduction to a condition little better than a trade. To those who read the investigation of the sugar trust in New York, or are familiar with the mining industry

in Pennsylvania, it is unnecessary to comment on the want, misery and resulting disease of some of the laboring class. When men are expected to live and support families on a little over one hundred dollars for twelve months it means much disease. When one hundred thousand strike for the right to earn bread it may mean accident, but in any event the doctor cannot get his hard-earned fee.

As a profession that is charitable, that works oblivious to self-interest to lessen disease and accident, we ought to assist our most grateful friends, the common people.

Abraham Lincoln, than whom there were few wiser for his time, said he was not afraid to trust the common people, and I believe it is axiomatic that that country is strongest that best consults their interests, and they are the strong support in time of need.

I believe to great extent the medical profession is their best guardian, and from the same common people they receive the most of their fees. If the condition of some of our lower laboring classes is not capable of amelioration, Modern Sanitary Science may well fold her hands and hide behind the blighting shadowy specter of commercialism.

A CASE IN PRACTICE.

By H. D. Ensign, M. D., Boone.

A CASE met with but once in twenty years in the practice of an average county physician would seem to possess enough interest to bear relating. This is my excuse for recounting a case that occurred under my care, and then inject a little of my personal experience into our journal.

November 29, 1896, I was called to attend "a case in confinement." Found a well developed lady, age 22 years, with third pregnancy at nearly full term. It was related that the two former labors had been tedious and difficult; that the patient had suffered more or less distress in left side all the time during the present gestation. That about eighteen hours before my arrival, wild, irregular pains set in; that these pains had radiated from the

womb up the back and down the legs; that the pains were much more severe on left than on the right side. Examination showed womb in normal position for one at full term. Os rigid, deep and opened only enough to admit tip of finger.

Pains produced no regular contraction of uterus. Deciding that it was a case of neuralgia and not labor, I gave an anodyne and told them that we would have to wait a time with patience.

Twelve days later was recalled to find labor setting in, with os well dilated, head O. R. A. I ruptured sac and in ten minutes had delivered her of a vigorous seven-pound boy.

Placenta delivered by expression. The expulsion of the secundines seemed to be complete, except that from the border of the ruptured sac there was a cord about the eighth of an inch in diameter, extending into the vagina; to the feel this cord resembled a vein. Following this cord with the finger it was found to pass through the body of the uterus out into the left cornu and into left tube; the latter seemed dilated at its uterine extremity to an inch in diameter. With the external hand the enlarged and elongated tube could be distinctly outlined, resembling a roll extending outward from the body of the uterus. Lining the uterine end of the tube, and extending for an inch into the cavity of the womb, like a corrugated fringe, was a bit of membrane forming with free projection a funnel-shaped cylinder with its small end extending into the tube beyond the reach of the finger. The tell-tale cord also passed into the tube beyond reach.

The uterus contracted well, but the distended tube appeared to have no power to expel this strip of membrane.

I was six miles from my office and had nothing at hand with which to safely grasp it. My first attempt at removal consisted in traction on the cord and in making friction between uterine walls and examining finger; cord broke and membrane showed no sign of detaching. My next effort was by making firm external compression, and with finger inside to systematically detach the fringe like membrane as far into tube as I could reach. After some forty minutes of this work I was enabled to deliver it.

The piece thus delivered consisted of thick rugous membrane, with large vessels on its surface, and, when unfolded, measured 6x16 inches. The vessel or cord which led from placenta to this

piece had an independent length of some seven inches. This length may have been obtained from being torn from the rest of the sac when placenta was expelled, but it appeared rather to be the straightening out of its former folded condition.

While the sac proper which had enclosed the child was not quite complete without this strip, the portion that made the large end of the funnel, that is, the part that projected from the tube into the uterus would have completed it. A piece two by three inches would fully complete the amniotic sac; thus it will be seen that so much of the membrane as was folded and tucked away in the tube proper was superfluous.

The patient made a rapid and complete recovery.

Query.— What produced this condition? Did impregnation take place in the tube, and development progress till fœtus dropped into body of the uterus, thus leaving a prolongation of the sac attached to lining of tube by inflammatory process? Was this piece of membrane simply held in place by the non-elasticity of the tube which grasped it tight enough to tear it from the sac when the latter was expelled? "Left to nature," what would have been the probable result? Are there records of similar cases?

I have delayed reporting the case, hoping to find opportunity to look up the literature on this point. So far, I have found no corresponding case reported, and among many hundred deliveries in my own practice have met no other case that corresponded to this in degree, although I have before met cases where strips of membrane seemed adherent about the mouth of one or the other of the tubes.

Owing to lateness in arrival of some of the data for the directory, the January number will be sent later. The next issue to be put out will be the February number. This, however, will be mailed on February 1st. The JOURNAL hereafter will reach our subscribers on the first instead of the last of the month. The January number will be sent as soon as all the data can be secured. Those still holding reports kindly forward at once. Also note that the February number will be the next out.

IOWA MEDICAL JOURNAL.

A MONTHLY JOURNAL
Devoted to the Interests of the Iowa Profession.

Subscription, $2.00 per year, in advance.

Address Communications to J. W. KIME, M. D., Des Moines, Iowa.

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Close of Volume III.

With the present number the third volume of the IOWA MEDICAL JOURNAL closes. We desire at this time to say to our many friends that we are truly thankful for the cordial support they have given the enterprise. We only regret that we cannot take each by the hand and say to him personally what we must in print say to all at a distance.

We are pleased because the JOURNAL pleases the profession of the state. The best evidence of this is the evidence itself. This we have in the fact that nearly all who started with us three years ago are with us now. Once with the JOURNAL, they remain with it. We have lost more subscribers by death than we have by lapses. This is very satisfactory to us in one sense only. In another it impresses upon us that even those whose duty it is to battle with death must all too soon themselves give up the fight.

During the past year the subscription list of the JOURNAL has doubled, while our advertising patrons have shown a goodly increase in number and better prices have been secured for our pages. All this goes to assure the permanence of the undertaking and guarantees to us the loyalty of the profession to its state JOURNAL.

In closing the year's work we can do so in no more fitting manner than to wish to all our friends a prosperous and happy New Year and to again thank them for their interest in the welfare of the IOWA MEDICAL JOURNAL.

PHYSICIANS IN TWENTY-SEVENTH GENERAL ASSEMBLY

Hon. Elmer E. Overfield, M. D., of Elma, Howard county, Iowa, was born at Deerfield, Iowa, October 19, 1862, and has been a resident of the state all his life.

Dr. Overfield was educated in the district schools of the state, completing his studies in the State Normal School at Cedar Falls. He then began the study of medicine at the Iowa State University, graduating in 1888. Since that date he has practiced his profession at Elma. During 1896 the Doctor was studying at the University of Berlin, doing special work in the lines of his profession.

He has twice served as mayor of his town, also as coroner of Howard county.

In fraternal circles the Doctor is a member of A. F. & A. M., R. A. M., K. T., Masonic; I. O. O. F., K. P., M. W. A., O. E. S.

Dr. Overfield will be one of the few among the bachelors in the House.

Hon. Geo. W. Hinkle, M. D., of Harvard, Wayne county, Iowa, was born September 30, 1849, in Jackson county, Indiana. Has been a resident of Iowa forty-three years. Was a private in Company I, Forty-fifth Iowa Infantry; enlisted at Fairfield and mustered into the service in May, 1864.

At the age of four years the Doctor moved to Jefferson county, Iowa, with his parents, residing there until 1875.

In 1875 he graduated in medicine at the College of Physicians and Surgeons, Keokuk, and immediately began the practice of his profession in Wayne county.

Dr. Hinkle is forty-eight years of age, and will no doubt be the giant of the legislature, as he is 6 feet 2½ inches in height and weighs 230 pounds.

The Doctor was married to Melvina E. Axline in 1879, and has two children, twin daughters.

J. R. GORRELL, M. D.

A sketch of Dr. Gorrell may be found in Vol. I., page 576, of the JOURNAL, he being a hold-over member of the Senate.

STATE NEWS.

Dr. W. H. Thompson, of Monroe, has removed to Winterset.

Dr. R. C. Grigg, of Murray, has been appointed on the pension board of Clarke county.

Dr. C. T. Lesan, will locate at Mt. Ayr. The Doctor is a graduate of Rush.

Dr. B. H. Stover, of Carroll, has been appointed on the pension board of Carroll county.

Dr. Karl Vollmer, of Davenport, was married on December 1st, to Miss Paula Koehler, of the same city.

Dr. B. F. Weston, of Thornton, has been appointed a member of the pension board for Cerro Gordo county.

Dr. McCrea, of Eddyville, has won a suit brought against him for malpractice, after a long and expensive fight.

Dr. C. L. Campbell, of Lewis, will retire from active practice. The Doctor has been at Lewis for the past fifteen years.

The Midland Ophthalmological Society was held at Kansas City, Mo., December 13th. An interesting program was rendered.

Dr. O. M. Wheeler, of Fort Dodge, died at his home in that city just before Christmas. Dr. Wheeler formerly resided at Malcom.

Dr. J. N. McCoy, of Pratt, Kan., will remove to Corydon on February 1, 1898, and will be associated with Dr. D. D. Drennan in practice.

The Antikamnia people, of St. Louis, have issued a new edition of their Antikamnia calendar. It is a work of art and should grace the walls of every doctor's office.

Drs. E. J. Dickinson, of Corydon; Geo. W. Hinkle, of Harvard; and Geo. McCullough, of Humeston, have been appointed as pension examiners of Wayne county.

Dr. G. O. Morgridge, of Muscatine, after looking over the field at the Soldiers' Home at Marshalltown, concluded not to accept the position of surgeon to the institution.

Dr. Lafayette Campbell, of Chillicothe, was killed by a railway train striking him, December 3. The Doctor stepped out of the way of one train and in front of another going in an opposite direction. He was killed instantly.

Dr. Mary D. Ardery, having spent six weeks in Chicago during October and November attending the Chicago Polyclinic, has returned to her home in Knoxville, Iowa.

Dr. R. H. Johnson, of Cromwell, died at his home, November 30th. He had long practiced at Cromwell, was an army surgeon during the war and prominent in fraternal circles.

Dr. J. M. Shaffer is trying to interest the people of the state in a crematory at Keokuk. The Doctor insists that his own body be cremated and that others join him in the movement.

A "Doctor" Palmer, of Davenport, kindly offers to instruct physicians in the art of chiropathy for the nominal sum of $100. Just what chiropathy is we have not ascertained, but we give the information for what it may be worth. It is probably a descendant of osteopathy, whatever the latter may be.

We are pleased to note that we have still another physician in the legislature this winter that we had not had report on at time of our last issue, Dr. Geo. W. Hinkle, of Wayne county. Dr. D. D. Drennan, of Corydon, writes that he is a "grand good man." The more the better. We congratulate the Doctor as well as the profession on his election.

Messrs. Parke, Davis & Co., of Detroit, have sent us a neat book on "The Lofoten Islands and Their Principal Product." It has much to say of the home of the cod fish and of the methods of preparing the oil, etc. It is well worth reading. Copy mailed on application to them.

A few cheap newspapers throughout the state are howling for osteopathy. It is a pity that so few pennies are necessary to purchase a certain class of newspapers. The friends of medical education must be alert or there may be a change in the practice act this winter. Impress on the minds of your legislative friends that the law needs but to be left alone.

Dr. N. G. Mighell, of Marshalltown, was married on Christmas Day to Dr. Lola D. Clark, of Hartford City, Ind. Dr. Clark formerly practiced at Marshalltown, but for the past two years was connected with the New Orleans Eye, Nose and Throat Hospital. Dr. Mighell and wife will have charge of the Eye and Ear Infirmary, at Marshalltown, formerly conducted by Dr. N. M. Wilson.

Dr. Crouse, of Waterloo, recently made a speech at Charles City on "Doctors and Newspapers," to which the Charles City *Herald* strongly excepts. It is evident, from the comments, that the Doctor touched the pocket of the editor who dwells at length on the great value to the community of "traveling specialists"—the "community" here means the local newspaper.

We have a practice for sale, about one hundred miles east of Des Moines, which we believe will give the right kind of an opening to a good man. The doctor, who will go south on account of his health, will rent his office, a very neat brick, and desires to sell his outfit, buggies, sleighs, horses, instruments, office furniture, etc. In all about $1,000. Address Doctor, care JOURNAL, Des Moines.

The semi-annual meeting of the Sioux Valley Medical Association will be held in Sioux City, January 20 and 21, 1898. At this meeting a symposium on Traumatic Surgery will be presented. Reports of cases solicited. A number of prominent physicians and surgeons from different cities will be present. Papers prepared for this meeting should be reported to the secretary, by title, prior to January 1, 1898. President, Dr. J. A. Sherman, Cherokee; secretary, Dr. J. N. Warren, Sioux City; chairman committee on arrangements, Dr. R. E. Conniff, Sioux City.

Dr. Minda A. McLintock, who received in 1895 the appointment as physician to the state institution for dependent and neglected children in Owatonna, Minn., and whose subsequent protracted and almost fatal illness obliged her resignation while in the faithful and satisfactory discharge of her duties in said institution, is again in our ranks, having located June 1st in Glenwood. Dr. Minda is the daughter of the late Dr. F. G. McLintock, one of Mills county's pioneer practitioners, both able and distinguished in his profession.

Suits for malpractice at best are bad, but they are made worse by physicians who for some selfish motive assist in the prosecution. Two or three cases of this kind have recently come to our notice. Of course where a practitioner has really been negligent and the patient has suffered in consequence, damages should be awarded. But in nearly every case of the kind there is no ground

whatever for the suit, the patient being actuated solely by a desire to get something for nothing. In cases of this character it is the grossest injustice for a fellow practitioner to talk about "bad practice." Bad practice is not always that which the witness does not use.

Believing that the matter to which Dr. Hoyt calls the attention of the profession is of more than usual interest at the present time, we present, in this issue, a prospectus of the Order which the Doctor has prepared. Dr. Hoyt has been at work on the ritualistic work of the Order for about four years and feels that it is now in shape to prove attractive to the profession. An Asclepion will perhaps be first organized at Des Moines.

In a recent issue we said that a man died from chloroform anæsthesia at Mercy Hospital in this city. This was an error. The case was a clinic before a medical class at another institution. We have seen a report of the case in a western medical journal. It states that the anæsthetic was being administered by a "competent assistant." A "competent assistant" may mean almost anything, according to the elasticity of the conscience of the reporter. In this case it means a medical student. Medical student anæsthetizers usually give one part of their remarkable skill to what they are doing, three parts to what the surgeon is trying to do, and six parts to display before his classmates who have not reached the point of proficiency necessary to make a "competent assistant." Enough has been written on the subject of the administration of chloroform by competent *physicians* only, that it is about time the law made an example of somebody for thus trifling with human life. But medical students must be trained, we suppose, even if it does take an occasional life or so to accomplish the purpose.

Dr. O. J. Fullerton, of Waterloo, has established a free clinic in that city, giving two hours every week to the clinic. Patients are admttted on ticket from ministers, aid societies, etc. We have long permitted medical schools to do the same without being able to see that it was wrong. We are just stupid enough to believe that what is proper for a dozen doctors to do—band themselves together to advertise themselves under the guise of a "medical school"—is just as proper for any physician to do on his own

responsibility. It all simply emphasizes the fact that the struggle for business is on and that the "cheap john" schools are being aped in the dooryard of every physician in the state, or soon will be.

Mr. F. W. Bicknell, press correspondent, of Des Moines, says: "The worst obstacle in the way of a high standard of medical practice, in which the general public is vitally interested, is the few one-horse medical colleges in the state—and no other kind does or could exist in Iowa. It would be a good thing if every medical college could be abolished in the state. Not one of them complies with the law, and not one is any where near the standard of this day. It is impossible in small cities in which they are located to secure adequate clinical or hospital facilities or dissecting material, all of which are as necessary to a medical education as sheep are in the manufacture of woolen goods. These little schools hold out false hopes to the student and at the end of his course he is little better equipped than he would have been had he remained at home and pursued his studies wholly from text books alone. Only a few cities support first-class medical colleges. They are in New York, Philadelphia, Chicago, Cincinnati, St. Louis, and a few other places, where vast numbers of cases are presented for the student to learn from." Mr. Bicknell forms his conclusions from too limited an acquaintance with the schools of the state. They cannot all be judged from the character of one.

The Western Surgical and Gynæcological Association was held at Denver, Col., on December 28 and 29, 1897, at the Brown Palace hotel. Among those from Iowa and Eastern Nebraska we notice the following whose names were on the program: "What Shall We do with Pelvic Suppuration?" A. L. Wright, Carroll; "Surgery of the Supra-Renal Capsules, with Case," A. F. Jonas, Omaha, Neb.; "A Contribution to the Surgery of the Bladder and Peritoneum," J. E. Summers, Jr., Omaha, Neb.; "Cause of Fibroid Tumors of the Uterus," J. W. Young, Bloomfield; "The Treatment of Uterine Fibroids," Geo. H. Simmons, Lincoln, Neb.; "Fracture of the Spine," B. B. Davis, Omaha, Neb.; "Angio-Sarcoma of Uterus, with Report of Case," Frank W. Porterfield, Atlantic; "Shock and Its Treatment," J. P. Lord, Omaha, Neb.; "Supra-Pubic Cystotomy for the Removal of

Large and Hard Stones, Hypertrophied Prostate, Tumors and Chronic Cystitis," Arnold Jolly, Hamburg; "Supra-Pubic Cystotomy as an Aid to External Urethrotomy," Van Buren Knott, Sioux City; "Aids to Supra-Pubic Cystotomy," Wm. Jepson, Sioux City; "Traumatic Bursitis of Knee Joint," N. C. Morse, Eldora; "Hydronephrosis Caused by an Enlarged Kidney," C. C. Allison, Omaha, Neb.

The semi-annual meeting of the Iowa Union Medical society was held at the Grand Hotel parlors at Cedar Rapids, December 14th. The program given was as follows: "Semi-annual Report on the Practice of Medicine," Ward Woodbridge, M. D., Central City; "Some Observations on Neuralgia," J. DeWitt Graham, M. D., Springville; "Semi-annual Report on Gynæcology and Obstetrics," J. K. Milbourne, M. D., Mechanicsville; "Hydatidiform Mole, with Case," George E. Crawford, M. D., Cedar Rapids; "Management of Posterior Vertex Presentations," G. R. Skinner, M. D., Cedar Rapids; "The Rush Monument," George E. Crawford, M. D., Cedar Rapids; "Technique in Antiseptic Surgery," George P. Carpenter, M. D., Cedar Rapids; "Hallux Valgus, with Exhibition of a Case," A. B. Poore, M. D., Cedar Rapids; "Aortic Aneurism, with Report of Case," J. M. Ristine, M. D., Cedar Rapids; "Pyothorax, with Report of Cases," G. R. Skinner, M. D., Cedar Rapids. The officers are as follows: President, J. W. LaGrange, Marion, Iowa; first vice-president, Kate Mason Hogle, Mt. Vernon, Iowa; second vice-president, J. F. Richardson, Fairfax, Iowa; secretary, H. S. Raymer, Cedar Rapids; treasurer, J. R. Milbourne, Mechanicsville, Iowa.

IOWA STATE MEDICAL SOCIETY.

Preliminary announcement of the Iowa State Medical Society to be held in Des Moines, May 18, 19, 20, 1898:

Officers: President, Dr. Edward Hornibrook, Cherokee; first vice-president, Dr. H. Landes Getz, Marshalltown; second vice-president, Dr. James R. Guthrie, Dubuque; secretary, Dr. James W. Cokenower, Des Moines; assistant secretary, Dr. M.

Nelson Voldeng, Des Moines; treasurer, Dr. George R. Skinner, Cedar Rapids.

Chairmen of sections: Practice of Medicine, Dr. Henry E. W. Barnes, Creston; surgery, Dr. James A. Sherman, Cherokee; Obstetrics and Gynæcology, Dr. Charles E. Ruth, Keokuk; Materia Medica, Dr. Benton H. Criley, Dallas Center; state medicine, Dr. Alonzo W. Cantwell, Davenport; nervous diseases, Dr. Henry A. Gilman, Mt. Pleasant; ophthalmology and otology, Dr. Wm. B. Small, Waterloo.

Trustees: Dr. Calvin Snook, Chairman, Fairfield, 1898; Dr. William D. Middleton, Davenport, 1898; Dr. Harley G. Ristine, Fort Dodge, 1899; Dr. James C. Robinson, Council Bluffs, 1899; Dr. Stephen E. Robinson, West Union, 1900; Dr. Daniel W. Crouse, Waterloo, 1900.

Committees: Constitution and by-laws: Dr. Edward L. Baker, chairman, Indianola; Dr. Isaac S. Bigelow, Dubuque, Dr. Robert E. Conniff, Sioux City. Expert testimony, Dr. Frank W. Porterfield, chairman, Atlantic; Dr. Joel H. Greene, Dubuque; Dr. Donald Macrae, Jr., Council Bluffs. Finance: Dr. Edward H. Hazen, chairman, Des Moines; Dr. Alexander M. Vail, Rock Rapids; Dr. Lawrence W. Littig, Iowa City. Rush Monument Fund: Dr. H. Landes Getz, chairman, Marshalltown; Dr. Daniel W. Crouse, Waterloo; Dr. James W. Cokenower, Des Moines. Ethics: Dr. John C. Shrader, chairman, Iowa City; Dr. David S. Fairchild, Clinton; Dr. Arthur L. Wright, Carroll; Dr. Lewis Schooler, Des Moines; Dr. George F. Jenkins, Keokuk. Publication: Dr. Henry B. Young, chairman, Burlington; Dr. William B. Small, secretary, Waterloo; Dr. Donald Macrae, Council Bluffs; Dr. Fred J. Will, Eagle Grove; Dr. John W. Kime, Des Moines. Legislation: Dr. David C. Brockman, chairman, Ottumwa; Dr. Andrew W. McClure, Mt. Pleasant; Dr. William D. Middleton, Davenport; Dr. Andrew C. Bergen, Sioux City; Dr. James T. Priestley, Des Moines. Arrangements: Dr. Edward E. Dorr, chairman, Des Moines; Dr. James T. Priestley, Des Moines; Dr. A. Raymond Amos, Des Moines; Dr. William Van Werden, Des Moines; Dr. E. Luther Stevens, Des Moines; Dr. Michael F. Patterson, Des Moines; Dr. Granville N. Ryan, Des Moines. Necrology: First district, Dr.

George F. Jenkins, chairman, Keokuk; second district, Dr. Elmer F. Clapp, Iowa City; third district, Dr. Abraham J. Hobson, Hampton; fourth district, Dr. Philo M. Jewell, Ossian; fifth district, Dr. Fred W. Powers, Reinbeck; sixth district, Dr. Elbert W. Clark, Grinnell; seventh district, Dr. E. Luther Stevens, secretary, Des Moines; eighth district, Dr. Theodore P. Stanton, Chariton; ninth district, Dr. Rebecca Hanna, Red Oak; tenth district, Dr. Bruce H. Stover, Carroll; eleventh district, Dr. John G. Biller, Cherokee.

NOTES.

The annual program will be mailed you about the 15th of April, 1898.

The fifty-first annual meeting of the American Medical Association will convene in Denver, Colo., June 7 to 10, 1898.

Our president vouches for the statement that "a feature of the program for our next annual meeting will be a short program, few and short papers, numerous and practical general discussions by the up-to-date, busy and practical doctors of the state."

The following was unanimously adopted on May 19, 1897: "That the secretary of all local auxiliary medical societies shall report to the secretary of the state society, on or before April 1st of each year, and that delegates to the state society from local societies not complying be reported on a separate list, for action by the society."

This preliminary announcement has been sent out to the regular profession of the state, not now members of the Iowa State Medical Society, as an incentive, we hope, of prompting them to affiliate with some local society and become a delegate to the state society next May, and by so doing augment the membership and usefulness of our state society, and materially benefit themselves.

The usefulness of our state society depends much upon the number and character of the work done by its auxiliary ones; which has brought it to such a state of proficiency that no doctor can deprive himself of its advantages, which are the best means of stimulating thought, encouraging research, prompting an increased diligence, and at the same time receiving the concentrated benefits of the best scientific medical and surgical talent in the state.

The officers of our society are desirous of organizing a medical society in every county in the state that has none now, and kindly and earnestly ask that *you* give a little of your valuable time and influence in accomplishing the object in view, that it may be the means of enlisting many who heretofore have never taken any interest in medical society work, but if they did, would make valuable local and state material, just such as always makes our annual gatherings so pleasant and profitable.

The 1897 transactions have been printed and bound in a nice 400-page volume, making a valuable library reference book, and sent, as per order of the society, to all members who have paid their dues up to and including 1897. If you have not received your copy yet, it is because your are in arrears for 1897. Please secure your receipt from our treasurer, Dr. Skinner, of Cedar Rapids, at your earliest convenience, and notify the secretary and he will take pleasure in sending you your copy immediately.

"SNIDE MEDICAL COLLEGES."

"A mountain from which were heard to proceed dreadful groans, was said to be in labor, and people flocked to see what would be produced. After waiting until they were quite tired, out crept a mouse." — Æsop.

But we will let others tell "how it happened."

Des Moines Leader, in commenting, says:

The sentence imposed is very light, and although a light fine was expected, those who have watched the case were rather surprised. The severity of the court's instructions were taken as a criterion by those who expected a heavy fine to be imposed.

PEOPLE STOOD BY DR. KIME.

The interest taken in the case by the people of Des Moines in general undoubtedly had much to do with securing a lenient sentence.

Judge Woolson, in passing sentence, severely condemned the acts of students at Drake Medical School which were responsible for the alleged obscene publication, and although not commending or endorsing the publication, broadly hinted that he believed the provocation was great, and in a measure justified the course taken.

Daily Register, Des Moines :

DR. KIME IS FINED BUT $20.— Light Sentence Pronounced on Him by Judge Woolson in the Federal Court. — Presented some fine Testimonials from Many of the Most Prominent Residents of the City.— His Publication Resulted in Restoring Women to Rights in Medical College over which Suit Originated.

The Dr. John W. Kime case was brought to an end in the federal court Thursday, Judge Woolson sentenced him to pay a fine of $20 and costs, which all told will amount to about $100. Dr. Kime will not appeal. The jury found Dr. Kime guilty of sending obscene literature through the mails in the IOWA MEDICAL JOURNAL, of which he is the editor and proprietor.

As soon as court convened Dr. Kime's attorney began his argument for a new trial. When he had concluded, Judge Woolson overruled the motion. He then proceeded to pronounce judgment with a very brief preliminary statement. He took occasion to make a reference to the charge against the medical college, out of which the article published by Dr. Kime originated, but had little to say directly bearing upon Dr. Kime's case.

The light sentence indicates that the court believes the violation of the federal laws by Dr. Kime was more of a technical violation than otherwise, although he made no declaration to this effect. Dr. Kime had some strong recommendations given to the court in his behalf. The proprietors of the four daily papers in this city signed a statement asking that the sentence be made as light as possible.

A copy of a paper was also presented to Judge Woolson which had been sent to the postmaster-general containing the signatures of many of the leading ministers of the city. It was as follows :

TO THE POSTMASTER GENERAL, Washington, D. C.:

Dear Sir,— While not presuming to speak of the legal aspects of the case now pending against Dr. J. W. Kime, for the alleged improper use of the mails, as ministers of the gospel residing in this city, we respectfully ask that action in this case be dismissed.

We are sufficiently acquainted with the circumstances which called forth the article alleged to be obscene, also with the contents of the article in the IOWA MEDICAL JOURNAL, and we

believe that all that is contained therein is warranted, and that the correction of the evil aimed at could best be attained by a truthful and accurate delineation of actual occurrences.

We believe that the purposes of the article were good and moral, and that it has already been productive of good in this city, nor do we believe that it has done any harm, or that it will be productive of harm to any into whose hands it shall fall.

Signed: E. L. Eaton, Pastor First M. E. Church; A. L. Golden, Pastor of U. P. Church; E. W. McDade, Pastor Prospect Park M. E. Church; W. M. Grafton, Pastor Highland Park Presbyterian Church; W. T. M'Connell, Pastor U. P. Church; A. L. Frisbie, Pastor Plymouth Congregational Church; J. Everist Cathell, Rector St. Paul's Parish; J. A. Wirt, Pastor Lutheran Church; A. B. Marshall, Pastor Central Presbyterian Church; B. St. John, Pastor North Park Congregational Church, President Ministerial Association; J. F. Nugent, Pastor Church of the Visitation, Catholic; E. W. Curtis, Pastor East Side U. B. Church, Secretary Ministerial Association.

We wish to add our endorsement of the views as above truthfully set forth by the pastors of the city:

L. G. Olmsted, State President Western Society for the Suppression of Vice; L. B. Abdill, President Society for the Promotion of Social Purity; Mrs. Mary Butin M'Gonegal, District President W. C. T. U.; A. M. Linn, Acting President Y. M. C. A.; Chas. E. Lynd, Secretary Y. M. C. A.; Mrs. E. J. Gowdy, President Temple Union, W. C. T. U.

The article published by Dr. Kime was copied from the blackboard in the Medical College at a time when an effort was being made to drive female students from the college. Shortly after the article appeared a meeting of the trustees of Drake University was held and the following resolutions were adopted:

Resolved, That it is the sense of the board of trustees of Drake University that the action of the faculty of the medical department in excluding ladies from the medical department be not sustained and the same is hereby overruled; and we recommend that henceforth such discipline be maintained as will be just to all parties concerned.

Resolved, That we disclaim sympathy with and endorsement of the college management that allows anything to occur in class or halls of the medical building that shall compromise the highest moral sense of ladies taking a medical course, or their presence seemingly an intrusion.

The doors were reopened to women, but as yet only two have availed themselves of the privileges thus accorded.

From the *Daily News*, Des Moines :

Judge Woolson said from the bench that he believed that the motive of the doctor in telling about the alleged improper actions of the medical students was one of the best and the court thought that persons in a college who acted so ought to be exposed in some way, though the laws forbade exposure in the way Dr. Kime followed.

Dr. Kime answered that he had contested the case strongly because of the moral influence in the community if the matters he printed were known, and because he did not want people to think he had really been guilty of willfully disobeying the laws of the nation.

The following paper was signed by the editors of the *News*, the *Leader*, the *Register*, the *Capital*, the *Midland Monthly*, and the *Mail and Times*, and was presented to Judge Woolson:

DES MOINES, IOWA, December 22, 1897.

HON. J. S. WOOLSON, Judge of the United States Court in and for the Southern District of Iowa :—

Permit us to certify to the good character and high standing in this community of Dr. John W. Kime, and to respectfully ask the leniency of the court in pronouncing judgment upon him upon the verdict of guilty recently rendered by a jury in your court. We are each familiar with all the circumstances connected with the publication of an article entitled, "Snide Medical Colleges," contained in the March number of the IOWA MEDICAL JOURNAL, and which publication, we are informed, has been determined to be non-mailable matter.

We are satisfied that the only motive by which Dr. Kime was actuated in publishing said article, was in the interest of morality, and the purification of training schools for persons in the medical

profession. We are satisfied that he had no purpose to disregard or disobey any law of the United States, and that he had no intention or purpose of demoralizing society, nor do we believe that the publication of said article was productive of any evil results. We are satisfied that the violation of the law of which Dr. Kime has been convicted is purely technical, and wholly unintentional on his part, and that justice will be better subserved by imposing as light a penalty as the law will permit. We would, therefore, respectfully ask that if it appears right and just in the superior wisdom of the court that the punishment of Dr. Kime be made as light as the law will permit.

From a prominent citizen of Des Moines :

DES MOINES, IOWA, December 24, 1897.

J. W. KIME, ESQ., Des Moines, Iowa.

My Dear Doctor,—Permit me to extend my congratulations over the result of your trial. Our courts are not equal to those of other countries as safeguards against the vicious elements of society. Only material facts and fundamental principles should be considered and lawyers should not be permitted to indulge in that practice designed to shield the guilty rather than protect the innocent. The greater the crime the more sacred are the rights of the prisoner held, while those of the public are almost entirely ignored.

It must be gratifying to you to know that whatever the verdict might have been, the great heart of the public was throbbing for you and every element in the city, county and state that constitutes the bulwark of society, the church, school and home, prayed for a verdict in your behalf. Again congratulating you, with good wishes for the continued success of the IOWA MEDICAL JOURNAL, and wishing you a bountiful time during this glorious season of yule tide, I have the honor to remain,

Very truly, ———

From Ft. Dodge :

Permit me to congratulate you upon your practical victory before Judge Woolson in the MEDICAL JOURNAL case. I should like to be one of one hundred or one of fifty to see you clear of any expense in the matter. I am satisfied that your friends here would divide up with your friends in Des Moines for such a thing

as that. There is only one sentiment concerning it here, and that is, all the people feel that you did an excellent thing for medical schools and for people in general.

Very respectfully, ———

From Clinton county:

J. W. KIME, M. D.

Dear Doctor,—Permit me to congratulate you upon the stand you have taken regarding medical schools. Your exposure of the rottenness of one institution, must certainly meet the approval of every one. Let the good work go on; if "there are others," show them up, and thereby purge the profession of the disreputables that must necessarily emanate from institutions where moral and intellectual requirements are so low that the janitor is the equal of the members of the faculty.

From Harrison county:

Dear Doctor,—I wish to express to you my hearty approval of the stand you have taken on the insults offered girls in our medical schools. I believe the faculty at heart see that you are in the right, and that Governor Drake will see to it in the future that the matter is corrected. Yours, etc., ———

From Union county:

DR. J. W. KIME, Des Moines, Iowa.

My Dear Doctor,—I write this to say that you have the approval of the majority of the medical profession in this part of the state for the course you have taken in advocating a high moral standard in medical colleges, and also in your successful efforts to rid the state of Iowa of quacks. Fraternally yours, ———

From Story county: By this morning's *Register* I see that you have been virtually acquitted by the federal court by so light a fine. I congratulate you on the outcome, but believe that the verdict would have been reversed if carried to the supreme court. If this verdict is just, then every editor of a medical journal can be convicted. I wish you and the JOURNAL success.

From Boone county: You are making a good journal. Keep it up.

From Marion county: I like the brave stand the JOURNAL has taken in defending the morals of the Iowa profession.

Jefferson county: I think the profession should support the JOURNAL, and I know of no better way than to pay in advance. Enclosed please find $2.00 for 1898.

From Appanoose county: I do hope you will prove victorious in your suit.

From Boone county: I wish you success in your suit.

From Wright county: I think you are in the right on the stand you have taken regarding actions in Drake, and every doctor I have talked to about the matter feels your cause is just.

Davis county: I like your little red hot JOURNAL.

From Jefferson county: I am glad of your action in the Drake affair.

From Henry county: I would certainly like to see you supported in the action you have undertaken.

From Greene county: Success to the JOURNAL. In regard to the medical department of Drake University, it goes in without fear or favor.

From St. Louis: Am glad to see you are coming out on top in your fight.

From Guthrie county: In my opinion you were right. There are too many such fakes in existence. The janitor in such large institutions has a surplus of arduous duties to perform withou being compelled to hold the examinations. That, to say the least, is unfair to the janitor, and ought to be sat down on.

From Fremont county: Am sorry your are in the hands of the enemy. I hope you will not fail to win. Stay with them and make them smoke.

From Dallas county: I think it was an outrage that you were convicted on that charge and hope you may yet win in your fight.

From Marion county: Heretofore I have not subscribed to the JOURNAL because I deemed you a member of what I term the "ring of moguls" in the Iowa profession. But since you have come out from among them, and administered a sound thrashing to them, I write to say that I admire your courage and course and think you deserve encouragement in your battle for decency and fairness.

From Webster county: The prescription was a gross insult to every mother, wife or sister in our state, and a vicious stab at the right of a woman to acquire an honest profession. I hope you may have a happy issue from the affair.

From Page county: I desire to congratulate you on the very happy termination of your legal case. While no doubt it would have been much more satisfactory to you and your friends to have a verdict in your favor, yet the action of the court in the matter is very significant and shows that while the jury found you guilty technically, yet the court believed you justifiable, and this is certainly quite a victory over the enemies that you have there who prompted the prosecution.

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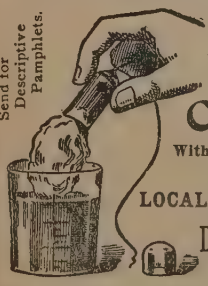

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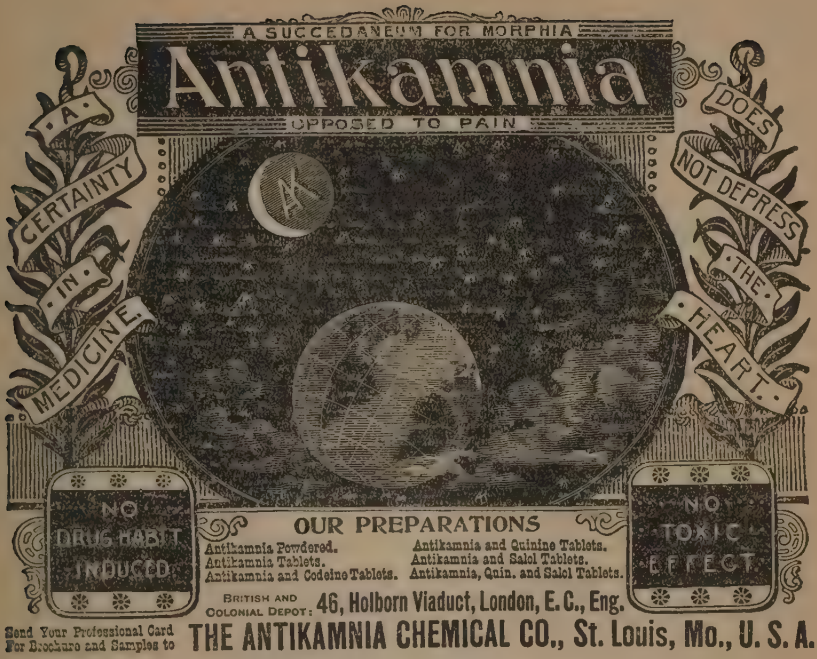
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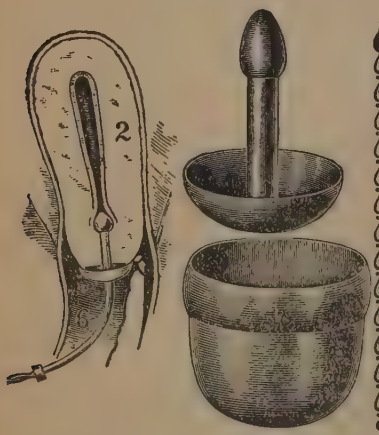

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Hydrotherapy — A Subject for Clinical Teaching.

The House of Parliament, Vienna, has taken up the subject of establishing a recognized educational clinic for the purpose of elucidating Hydrotherapy. The author of the bill has so far succeeded in establishing his proposition that the representatives resolved a few months ago to appoint a special commission to inquire into the necessity and propriety of establishing such a school of education, and named Professor Albert as the chairman of the commission. It discussed the various advantages and disadvantages of the treatment, stating that lectures are already given in Italian and German schools, while two of the Austrian medical faculties, Vienna and Innsbruck, provide ample instruction for this special treatment. Different doctrines of pathology and therapy are advanced in the elucidation of Hydrotherapy that necessitate its connection with the present clinic.—*Journal Amer. Med. Assn.*

This is only another proof of the importance Hydrotherapy is obtaining in scientific medicine. America is not behind in the application of this department of medicine. It has long been practiced together with massage, mechanical and manual Swedish movements, at the Alma Sanitarium, Alma, Michigan. All classes of chronic organic and nervous diseases are given this advantage in addition to the regular medical treatment.

It is usually impracticable to practice hydrotherapeutics at home except to a limited extent. The cost of equipment by the patient and physician is more than is desirable to expend. The greatest development of this specialty will be found in such institutions as The Alma, where particular attention is given to this treatment as prescribed by the attending physicians and administered by trained nurses.

In Anemia, Chlorosis, Debility, Convalescence, and Impoverished Blood conditions generally, Ferratin will nourish the blood, restore appetite, improve the digestion. It is readily assimilated, does not constipate, does not affect the teeth, has no injurious side-effects. Dose for adults: 8 grains three times daily; children in proportion.

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Always prescribe a One-Ounce Package of Ferratin (Powder or Tablets): this quantity is necessary to obtain full and satisfactory results, and the cost is least to patient.

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Prof. Graham Lusk, of Yale University, in his chapter on the Chemistry of the Blood in the new "American Text-Book of Physiology" (W. B. Saunders, 1896), quotes proof of the presence of, and necessity for, Ferratin in the blood.

Prof. R. H. Chittenden, of Yale University, editorially in the *Dietetic and Hygienic Gazette*, October, 1895, endorsed the "Ferratin of Schmiedeberg" as "particularly adapted to supply the needs of the body for an easily assimilable form of iron."

Prof. G. A. Fackler, of Cincinnati, reported his experience with Ferratin in the *Lancet-Clinic* (April 7, 1894), saying: "The physiological and therapeutic importance of Ferratin is based upon the fact that, after absorption, it is immediately available, while other compounds of iron, including the simple albuminates, must first be changed into Ferratin (in the system) in order to become active agents.

Prof. Roberts Bartholow says of Ferratin, in the new (1896) edition of his famous Materia Medica, that it "is an organic preparation, and exists preformed in the liver and other parts of animals. Ferratin is a combination of iron of special utility in that it is prepared for assimilation both primary and secondary. It has the advantage of all other preparations of iron, that they must be converted into this before being absorbed. In anemia, chlorosis, convalescence from acute diseases, chronic, cardiac, and renal diseases with anemia, and in nervous affections, it has been found most effective."

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